



State of Arizona

**Naturopathic Physicians Board of Medical Examiners**

1400 W. Washington St ♦ Suite 230 ♦ Phoenix, AZ 85007

Voice Telephone (602) 542-8242 ♦ FAX 602-542-3093

Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939

Governor: Janet Napolitano ♦ Executive Director: Craig Runbeck, NMD

**COMPLAINT FORM**

(PLEASE PRINT OR TYPE INFORMATION)

**Americans with Disability – Alternative Format of Complaint**

*Title H of the Americans With Disabilities Act prohibits the Board from discriminating on the basis of disability in its complaint process. An individual with disability who needs this complaint form to be in an alternative format or who requires a reasonable accommodation to use the complaint process may contact the Board ADA coordinator at the above telephone numbers to make their needs known.*

Today's Date: \_\_\_\_\_

Your Contact Information: \_\_\_\_\_  
Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

**Complaint Information**

Name of Regulated Person: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Your Relationship to Patient: \_\_\_\_\_

If this matter involves the care and treatment of a patient, the patient's medical records may be subpoenaed.

**PLEASE COMPLETE THE FOLLOWING PAGE BEFORE SUBMITTING COMPLAINT TO:**

**Naturopathic Physicians Board of Medical Examiners**

**Attention: Gail Anthony, Investigations**

**1400 W. Washington, Ste. 230**

**Phoenix AZ 85007**

**What is the Nature of Your Complaint:**

*You may attach additional pages to this form in order to fully explain.*

I hereby attest (verify) that the information contained in this complaint and any information and documents attached to this complaint are filed in good faith with the State of Arizona Naturopathic Physicians Board of Medical Examiners. I understand that the Board may and has my permission to obtain medical records.

Print Your Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_